Medicare Initiatives Now and into the Future

eHealth Summit
Sept. 30, 2015

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

atom Alliance Partners

Multi-state alliance for powerful change composed of three nonprofit, healthcare QI consulting companies

Qsource.

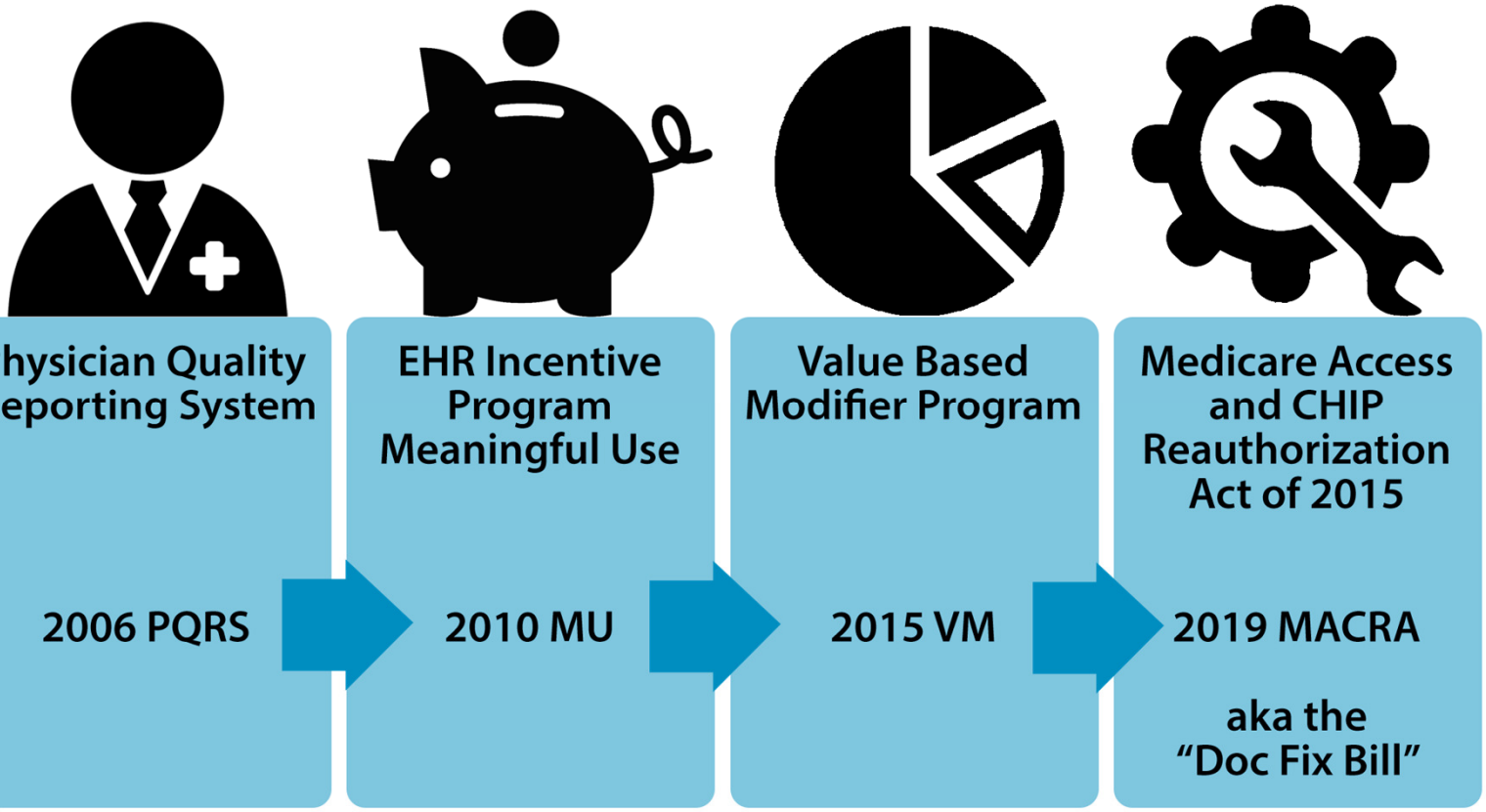
IQH Information & Quality HEALTHCARE

AQAF THE BUSINESS OF QUALITY

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom Alliance for Powerful Change™

Initiative Programs Present and *Future*



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

PQRS Legislative History

2006 Originally created under the Tax Relief and Health Care Act of 2006 as a voluntary program.

2008 The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008.

- Made PQRS a *permanent* program
- Authorized incentive payments through **2010**

2010 Patient Protection and Affordable Care Act

- Extended incentive payments through **2014**
- Established *mandatory* reporting staring **2015**

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

2015 - The Turning Point for PQRS

No longer an incentive based program. Payment adjustments begin:

PQRS Program Year	Payment Adjustment Period	Negative Adjustment Rate
2013	2015	- 1.5%
2014	2016	-2.0%
2015	2017	-2.0%

- Payment adjustment to be applied to all Medicare Part B claims from January 1 through December 31 of the payment adjustment period
- No or unsuccessful participation in PQRS for 2015 will automatically trigger an additional 2 percent payment adjustment for VM in 2017

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Reporting Methods: Eligible Providers (EPs)

- Claims
- Qualified PQRS Registry
- EHR Direct using certified EHR Technology (CEHRT)*
- CEHRT via Data Submission Vendor (DSV)
- Qualified Clinical Data Registry (QCDR)

* Requires obtaining a CMS Enterprise Identity Management (EIDM) account formerly known as the IACS account

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
atom
Alliance for Powerful Change™

Reporting Methods: Group Practices

- Qualified PQRS Registry
- Web Interface (for groups of 25 or more)
- EHR Direct using certified EHR Technology (CEHRT)*
- CEHRT via Data Submission Vendor (DSV)
- CAHPS for PQRS via CMS-certified survey vendor (for group practices of 2+)

* Requires obtaining a CMS Enterprise Identity Management (EIDM) account formerly known as the IACS account

Meaningful Use (MU)

Clinical Quality Measures (CQMs) for MU

- MU Attestation has no required threshold
- PQRS has no required threshold
- Can submit once to meet both MU and PQRS

Importance in Selection of CQMs for Submission

- If you chose to submit to meet both MU and PQRS thresholds will matter
- You will want to select measures with the highest outcomes
- PQRS measures are a component of the VM calculation

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
atom
Alliance for Powerful Change™

Recommended Core Adult CQMs

Adult Core CQM - Stage 2 Meaningful Use		
PQRS #	NQF #	Description
374	NA	Closing the referral loop: receipt of specialist report: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred
226	28	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Recommended Core Adult CQMs (cont.)

Adult Core CQM - Stage 2 Meaningful Use		
PQRS #	NQF #	Description
134	418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan: Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen

Recommended Core Adult CQMs (cont.)

Adult Core CQM - Stage 2 Meaningful Use		
PQRS #	NQF #	Description
131	421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up: Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the encounter. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30; Age 18 – 64 years BMI ≥ 18.5 and < 25

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Recommended Core Adult CQMs (cont.)

Adult Core CQM - Stage 2 Meaningful Use – Cont.		
PQRS #	NQF #	Description
236	18	Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90mmHg) during the measurement period
312	52	Use of Imaging Studies for Low Back Pain: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
atom
Alliance for Powerful Change™

Recommended Core Adult CQMs (cont.)

Adult Core CQM - Stage 2 Meaningful Use – Cont.		
PQRS #	NQF #	Description
238	22	Use of High-Risk Medications in the Elderly: Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Value-Based Modifier Program

A new per-claim adjustment under the Medicare Physician Fee Schedule (MPFS) applied at the group (TIN) level to physicians billing under the TIN

Mandate as part of the Affordable Care Act (Section 3007)

Align with and based on participation in PQRS

Based upon the quality of care furnished compared to cost during a performance period.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

VM is here for some, but coming for ALL

2015

- Affects groups of 100+ EPs
- Based on 2013 Performance

2016

- Affects groups of 10+ EPs
- Based on 2014 Performance

2017

- Affects solo physicians and groups of 2+ EPs
- Based on **2015** Performance

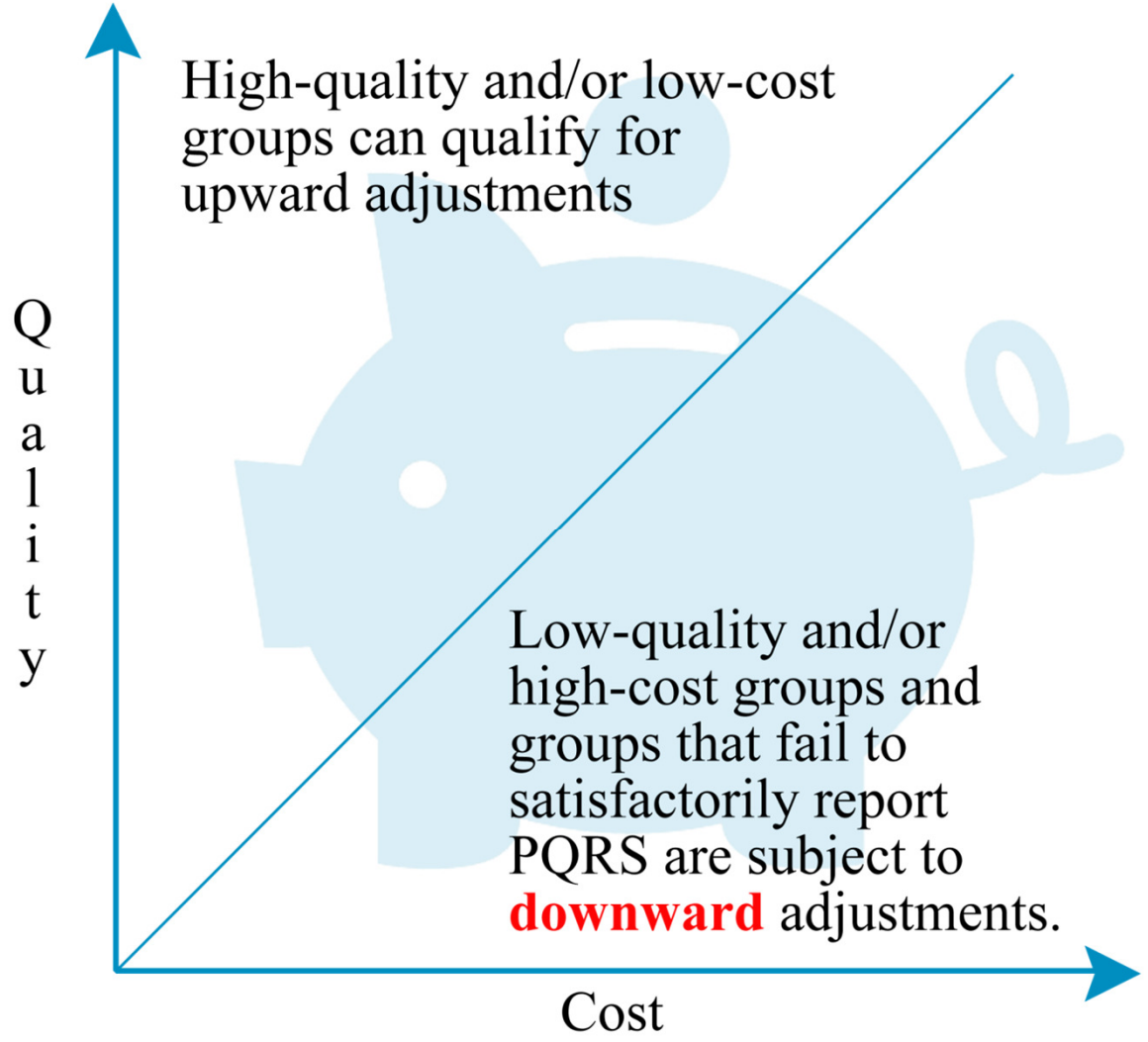
2018

- Affects solo non-physician EPs and groups of 2+ EPs
- Based on 2016 Performance

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

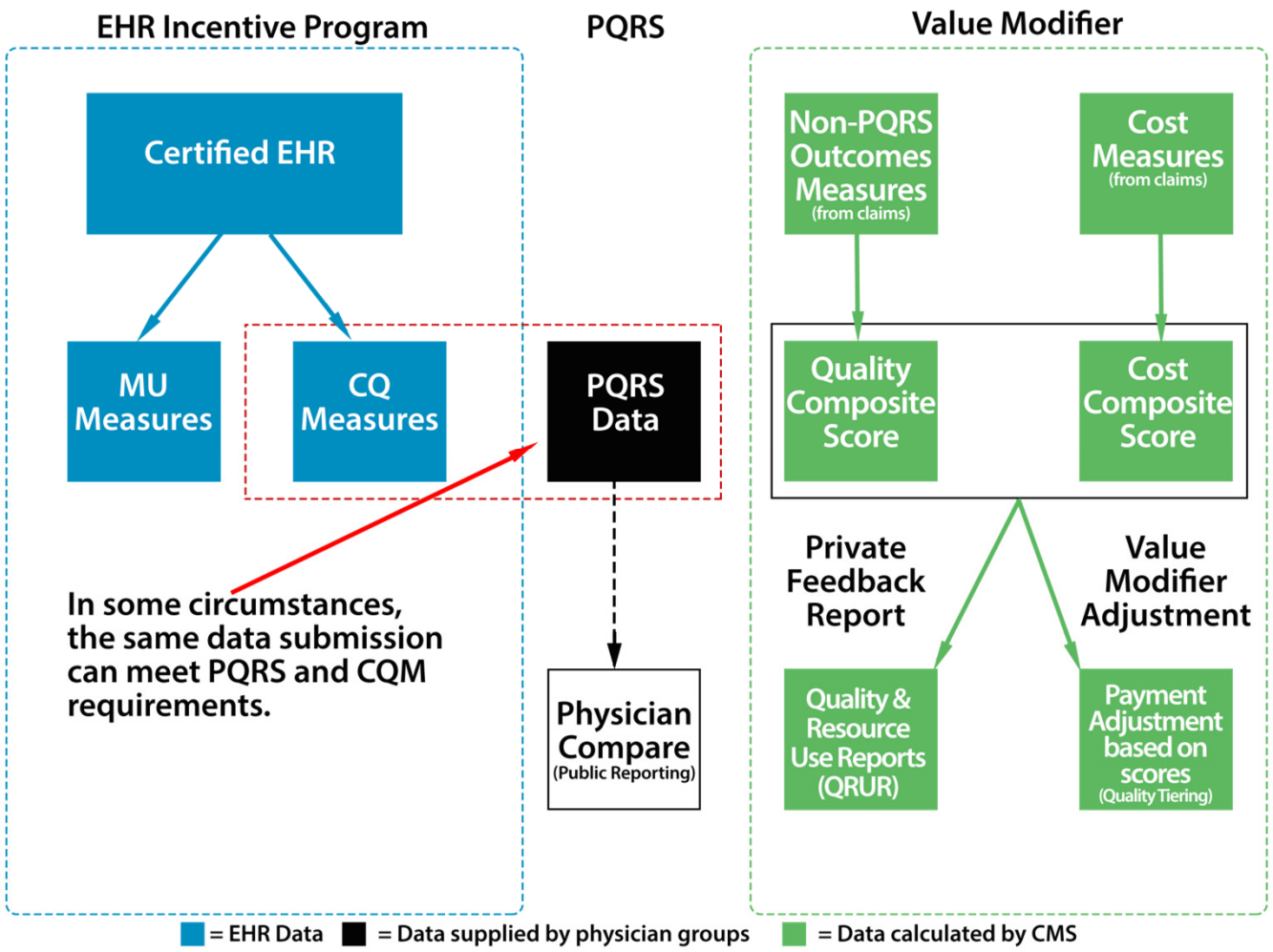
Value-Based Modifier the Bottom Line



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Relation to Other Quality Programs

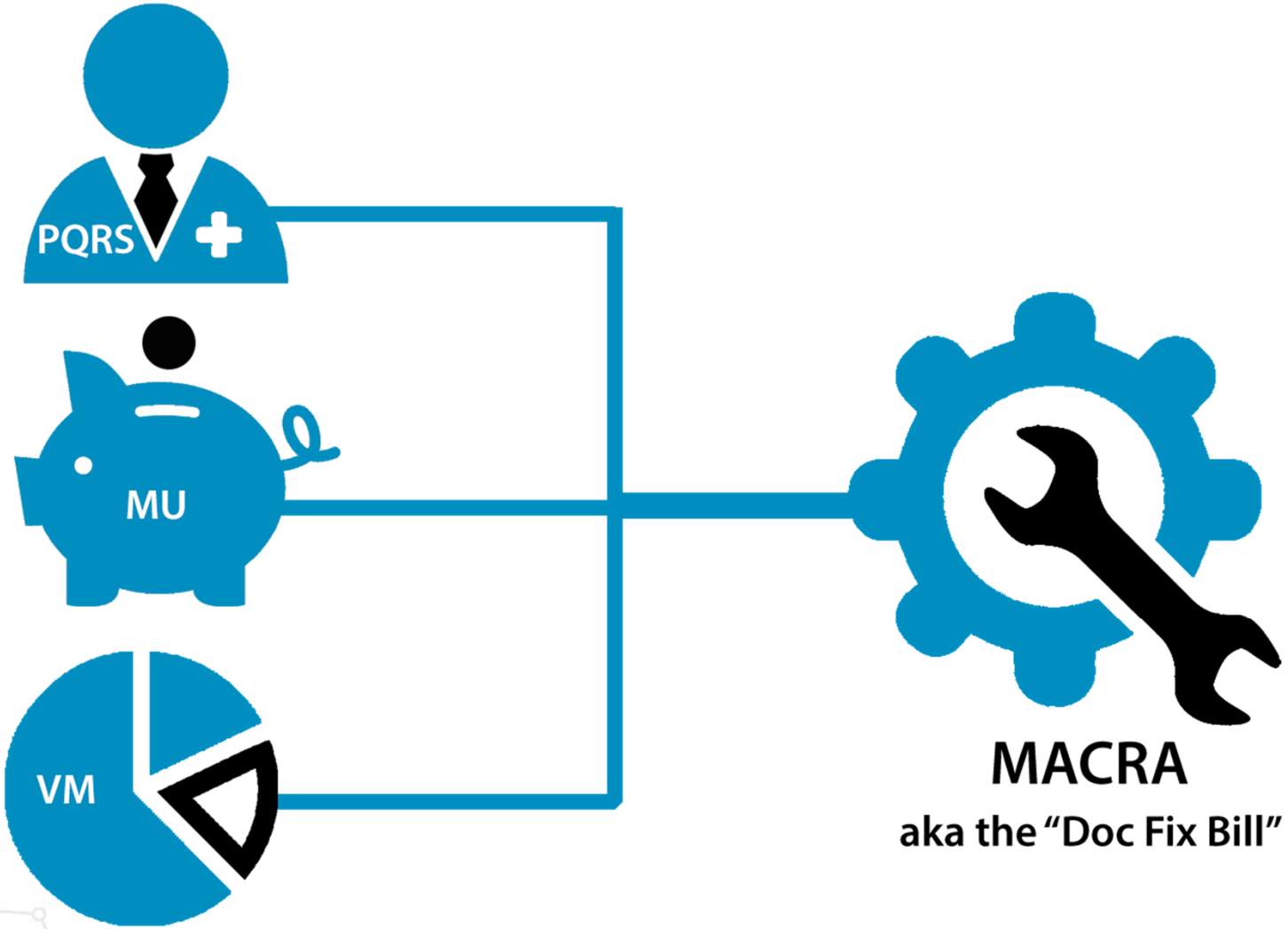


SOURCE: Courtesy New England Quality Innovations Network and Oklahoma University Physicians

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

The Future is on the Near Horizon



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Snapshot of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) aka the "Doc Fix Bill"

- Passed House 3/26/2015

  Senate 4/14/2015
  Signed into Law 4/16/2015

- Title I: Repeals 1997 Sustainable Growth Rate (SGR) and replaces it with an alternative payment program for physician payment
  - Merit-Based Incentive Payment System (MIPS)
  - Incentives for participation in Alternate Payment Model (APM)

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

What is MIPS

- MIPS annually measures Medicare Part B providers in four performance categories to derive a "MIPS score" (0 to 100)
- Score will be based upon four performance categories:
  - Meaningful Use of EHRs: 25 percent
  - Quality Measures: 30 percent
  - Resource Use: 30 percent
  - Clinical Practice Improvement Activity: 15 percent
- CMS will define performance years in the Final Rule anticipated by end of 2016
- MIPS will begin January of 2019

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

When does MIPS affect you?

For calendar years 2019 and 2020

- Physicians
- Physician Assistants
- Certified Registered Nurse Anesthetists
- Nurse Practitioners
- Clinical Nurse Specialist
- Groups that include such professionals

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

When does MIPS affect you? (cont.)

For calendar years 2021 and onward

- Secretary can add EPs as described in 1848(k)(3)(B) to MIPS

Excluded EPs

- Qualifying APM participants
- Partial qualifying APM participants
- Low volume threshold exclusions

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Preparing for MIPS now

- MIPS mandates and relies on the performance measurement mechanisms of MU, PQRS, and VM
- Continue to improve performance and administrative processes for these three existing programs
- Where possible consolidate organizational and administrative efforts among the programs to create efficiencies, for example:

  Utilize the electronic clinical quality measures (eCQMs) calculated by certified EHR technology to meet the reporting requirements of all three programs

- Design and align eCQM reporting and improvement tasks to meet more program requirements for the same effort

Information contained on this slide taken from SA Ignite blog

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

What is APM and Incentives

- A model under the Center for Medicare & Medicaid Innovation (the Innovation Center)
- A Medicare shared savings program accountable care organization (ACO)
- A demonstration under Section 1866C of the Social Security Act
- A demonstration required by federal law

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

What is APM and Incentives (cont.)

Beginning in 2019 and for 6 years a 5 percent incentive payment for:

- EPs or groups of EPs who participate in certain types of APMs and who meet specified payment thresholds
- Payment is made in a lump sum on an annual basis
- EPs or groups of EPs meeting the criteria to receive APM incentive payment are excluded from the requirements of MIPS

Tying it ALL Together

- EHR aka MU provides mechanism to record quality of care per patient to allow for quantifiable measurement of care
- PQRS is the instrument to report the quality of care documented
- VM combines quality of care and cost
- Common theme is Quality of Care
- Every health care setting plays a role, patients don't receive care in silos
- One key to success will be becoming more aware of Coordination of Care within your communities

Care Transition
August 1, 2011 to July 31, 2014

- Focus on programs and interventions that improved the transition from acute care to post-acute care
- Decreasing hospital admissions and readmissions
- Kentucky was one of the states with the highest admission and readmission rates

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Care Transitions (cont.)

- Penalties were assessed by CMS in October 2012 and continue today
- Kentucky was one of eight states with hospitals assessed with the highest penalties

Care Transition Communities

- Beginning with care transitions and continuing with care coordination, community coalitions were forming and continue to form across the state

- Working with the QIO in the past three years, six care transition communities were identified

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Care Transition Communities (cont.)

- Bluegrass Community Health Coalition
- Ephraim McDowell
- Green River Partnership for Care Coordination
- Kentucky Appalachian Transition Services
- Hospice of Hope
- Regional Health Care Coalition

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

QIO Success Stories

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Care Coordination

- Goes beyond transitioning a patient from hospital to home
- Multiple providers and practitioners
- Potential for duplicative and unnecessary medical and diagnostic testing
- Risk for adverse drug events

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
atom
Alliance for Powerful Change™

Care Coordination (cont.)

- Over the next five years, the QIO will be working with communities to continue to help decrease admissions and readmissions
- Continue to recruit providers and stakeholders to create care coordination communities
- Investigate adverse drug events and assist in helping to decrease ADEs
- Assist with opportunities for communities to develop relationships and work together to improve care

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

References

- HR 2- Medicare Access and CHIP Reauthorization Act of 2015
  https://www.govtrack.us/congress/bills/114/hr2

- CRS Review of HR2
  https://www.fas.org/sgp/crs/misc/R43962.pdf

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Kentucky atom Alliance Team

Tammy Geltmaker, RN, BSN, MHA

Kentucky Quality Program Director

Tammy.Geltmaker@area-g.hcqis.org

502-680-2746

Janet Pollock, BA

Community Manager

Janet.Pollock@area-g.hcqis.org

502-680-2819

Cindy Todd, MSN, RN

Quality Improvement Advisor

Cindy.Todd@area-g.hcqis.org

502-680-2954

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Kentucky atom Alliance Team

Scott Gibson, BA
Quality Improvement Advisor
Scott.Gibson@area-g.hcqis.org
502-680-2669

Mary Bardin, RN
Quality Improvement Advisor
Mary.Bardin@area-g.hcqis.org
270-605-4022

Margie Banse, BA
Quality Data Reporting Manager
Margie.Banse@area-g.hcqis.org
502-680-2857

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™

Kentucky atom Alliance Team

Nancy Semrau, RN, BSBA, MHI, CHTS-CP
Quality Improvement Advisor
Nancy.Semrau@area-g.hcqis.org
502-680-2391

Kristin Celesnik, BS, CHTS-PW
HIT Advisor
Kristin.Celesnik@area-g.hcqis.org
502-680-2721

Kim Headspeth
Quality Improvement Advisor
Kim.Headspeth@area-g.hcqis.org
270-832-4563

This material was prepared by atom Alliance, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), coordinated by Qsource for Tennessee, Kentucky, Indiana, Mississippi and Alabama, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Content presented does not necessarily reflect CMS policy 15.ASD1.08.016

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

atom
Alliance for Powerful Change™